

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574004

FILING DATE

MAR 29 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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36				/		
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38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44				/		
45			/			
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/0		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			17			